

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Suppl. 990-2, 5 2-9

APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.		2. Employee I.D. Number	
3. Organizational Unit DRMO-H		4-A Month FROM: 9 Day 14 Hour 0730 A.M.	4-C Total Number of Hours P.M. 2.5
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		4-B Month TO: 9 Day 14 Hour 1000 A.M.	P.M.
6. Remarks DR APP'T		7. Employee's Signature <i>[Signature]</i>	
8. Date (Month, Day, Year) 9-7-00			
OFFICIAL ACTION ON APPLICATION			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
		Date (Month, Day, Year) 9-11-00	

NSN 7540-00-753-5067

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APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.		2. Employee I.D. Number	
3. Organizational Unit DRMO-H		4-A Month FROM: 9 Day 20 Hour 1315 A.M.	4-C Total Number of Hours P.M. 2.45
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		4-B Month TO: 9 Day 20 Hour 1600 A.M.	P.M.
6. Remarks HEADACHE		7. Employee's Signature <i>[Signature]</i>	
8. Date (Month, Day, Year) 9/24/00			
OFFICIAL ACTION ON APPLICATION			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
		Date (Month, Day, Year) 9-28-00	

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APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.		2. Employee I.D. Number	
3. Organizational Unit DRMO-H		4-A Month FROM: 9 Day 21 Hour 0730 A.M.	4-C Total Number of Hours P.M. 8
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		4-B Month TO: 9 Day 21 Hour 1600 A.M.	P.M.
6. Remarks HEADACHE		7. Employee's Signature <i>[Signature]</i>	
8. Date (Month, Day, Year) 9/22/00			
OFFICIAL ACTION ON APPLICATION			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
		Date (Month, Day, Year) 9-22-00	

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EXHIBIT

MM

L. Sekiya
EXHIBIT NO. 1
11/22/05

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INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L		2. Employee I.D. Number	
3. Organizational Unit DRMO-HI		4-A FROM: Month 9 Day 22 Hour 1100 A.M. 4-C	4-B TO: Month 9 Day 22 Hour 1600 A.M. 4.5
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		6. Remarks DR APP7	
		7. Employee's Signature 	8. Date (Month, Day, Year) 9/20/00
OFFICIAL ACTION ON APPLICATION			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature (Annual leave approved may not exceed the amount available for use during the leave year.) 	
		Date (Month, Day, Year) 9 20 00	

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APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L		2. Employee I.D. Number	
3. Organizational Unit DRMO-HI		4-A FROM: Month 10 Day 11 Hour 0730 A.M. 4-C	4-B TO: Month 10 Day 13 Hour 1600 A.M. 24
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		6. Remarks HEADACHE	
		7. Employee's Signature 	8. Date (Month, Day, Year) 10-16-00
OFFICIAL ACTION ON APPLICATION			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature (Annual leave approved may not exceed the amount available for use during the leave year.) 	
		Date (Month, Day, Year) 10-20-00	

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INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L		2. Employee I.D. Number	
3. Organizational Unit DRMO-HI		4-A FROM: Month 10 Day 16 Hour 0730 A.M. 4-C	4-B TO: Month 10 Day 16 Hour 0830 A.M. 1
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks: <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		6. Remarks	
		7. Employee's Signature 	8. Date (Month, Day, Year) 10-16-00
OFFICIAL ACTION ON APPLICATION			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature (Annual leave approved may not exceed the amount available for use during the leave year.) 	
		Date (Month, Day, Year) 10-20-00	

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INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>				2. Employee I.D. Number					
3. Organizational Unit <i>DRMO-HI</i>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	<i>11</i>	<i>9</i>	<i>0730</i>		Total Number
				4-B	Month	Day	Hour	P.M.	of Hours
				TO:	<i>11</i>	<i>9</i>	<i>1030</i>		<i>3</i>
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks):				6. Remarks <i>ADPT</i>					
<input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				7. Employee's Signature <i>[Signature]</i>				8. Date (Month, Day, Year) <i>11-8-00</i>	
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>				Date (Month, Day, Year) <i>11-9-00</i>	

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INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>				2. Employee I.D. Number					
3. Organizational Unit <i>DRMO-HI</i>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	<i>11</i>	<i>22</i>	<i>0730</i>		Total Number
				4-B	Month	Day	Hour	P.M.	of Hours
				TO:	<i>11</i>	<i>22</i>	<i>1600</i>		<i>X 89</i>
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks):				6. Remarks <i>DR TREATMENT</i>					
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				7. Employee's Signature <i>[Signature]</i>				8. Date (Month, Day, Year) <i>11-17-00</i>	
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>				Date (Month, Day, Year)	

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INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>				2. Employee I.D. Number					
3. Organizational Unit <i>DRMO-HI</i>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	<i>12</i>	<i>6</i>	<i>0730</i>		Total Number
				4-B	Month	Day	Hour	P.M.	of Hours
				TO:	<i>12</i>	<i>6</i>	<i>1600</i>		<i>8</i>
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks):				6. Remarks <i>DR ADPT / TEST</i>					
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				7. Employee's Signature <i>[Signature]</i>				8. Date (Month, Day, Year) <i>12/1/00</i>	
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>				Date (Month, Day, Year) <i>12-4-00</i>	

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APPLICATION FOR LEAVE

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1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number					
3. Organizational Unit DRMO-HI				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	12	8	1130		Total Number
				4-B	Month	Day	Hour	P.M.	of Hours
				TO:	12	8	1600		4
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks D.R. APP'17				7. Employee's Signature <i>[Signature]</i>	
								8. Date (Month, Day, Year) 12-7-06	
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
								Date (Month, Day, Year) 12-7-06	

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INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number					
3. Organizational Unit DRMO-HI				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	12	11	0730		Total Number
				4-B	Month	Day	Hour	P.M.	of Hours
				TO:	12	13	0830		17
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks				7. Employee's Signature <i>[Signature]</i>	
								8. Date (Month, Day, Year) 12-13-06	
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
								Date (Month, Day, Year) 12-14-06	

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APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number					
3. Organizational Unit DRMO-HI				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	12	27	0730		Total Number
				4-B	Month	Day	Hour	P.M.	of Hours
				TO:	12	27	1600		8
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks URGENT FAMILY SITUATION				7. Employee's Signature <i>[Signature]</i>	
								8. Date (Month, Day, Year) 12-28-06	
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
								Date (Month, Day, Year) 12-28-06	

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APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>				2. Employee I.D. Number					
3. Organizational Unit <i>DRMO-HI</i>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	<i>1</i>	<i>4</i>	<i>1515</i>		Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO:	<i>1</i>	<i>4</i>	<i>1600</i>	P.M.	<i>1.45</i>
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks <i>DR. APPT</i>					
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature <i>[Signature]</i>					
<input type="checkbox"/> Compensatory Time.				8. Date (Month, Day, Year) <i>1-3-04</i>					
<input type="checkbox"/> Other. (Specify)									

OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	Date (Month, Day, Year) <i>1-3-04</i>
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71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>				2. Employee I.D. Number					
3. Organizational Unit <i>DRMO-HI</i>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	<i>1</i>	<i>10</i>	<i>1530</i>		Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO:	<i>1</i>	<i>10</i>	<i>1600</i>	P.M.	<i>2.30</i>
<input type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks					
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature <i>[Signature]</i>					
<input type="checkbox"/> Compensatory Time.				8. Date (Month, Day, Year) <i>1-10-01</i>					
<input type="checkbox"/> Other. (Specify)									

OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	Date (Month, Day, Year) <i>1-10-01</i>
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APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>				2. Employee I.D. Number					
3. Organizational Unit <i>DRMO-HI</i>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	<i>1</i>	<i>11</i>	<i>1300</i>		Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO:	<i>1</i>	<i>11</i>	<i>1600</i>	P.M.	<i>3</i>
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks <i>DR. APPT</i>					
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature <i>[Signature]</i>					
<input type="checkbox"/> Compensatory Time.				8. Date (Month, Day, Year) <i>1-5-01</i>					
<input type="checkbox"/> Other. (Specify)									

OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	Date (Month, Day, Year) <i>1/8/01</i>
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APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L				2. Employee I.D. Number					
3. Organizational Unit DRMO - HI				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	1	12	0730	P.M.	Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO:	1	12	1600	P.M.	
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks HEADACHE					
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature <i>[Signature]</i>					8. Date (Month, Day, Year) 1-17-00
<input type="checkbox"/> Compensatory Time.				OFFICIAL ACTION ON APPLICATION					
<input type="checkbox"/> Other. (Specify)				<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)					Date (Month, Day, Year) 1-17-00

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71-112

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1. Name (Print or type—Last, First, M.I.) SEKIYA, L				2. Employee I.D. Number					
3. Organizational Unit DRMO				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	1	29	1315	P.M.	Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO:	1	29	1600	P.M.	2, 45
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks SICK					
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature <i>[Signature]</i>					8. Date (Month, Day, Year) 1/29/01
<input type="checkbox"/> Compensatory Time.				OFFICIAL ACTION ON APPLICATION					
<input type="checkbox"/> Other. (Specify)				<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)					Date (Month, Day, Year) 1/30/01

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INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number					
3. Organizational Unit DRMO-HI				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	2	15	1130	P.M.	Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO:	2	15	1600	P.M.	4
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks DR					
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature <i>[Signature]</i>					8. Date (Month, Day, Year) 2/15/01
<input type="checkbox"/> Compensatory Time.				OFFICIAL ACTION ON APPLICATION					
<input type="checkbox"/> Other. (Specify)				<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)					Date (Month, Day, Year) 2-15-01

NSN 7540-00-753-5067

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Supply, 990-2, 5 2-9

71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>				2. Employee I.D. Number			
3. Organizational Unit <i>DAMO-H1</i>				4-A FROM: Month <i>1</i> Day <i>30</i> Hour <i>0730</i>	A.M.	4-C Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other (Specify)				4-B TO: Month <i>2</i> Day <i>2</i> Hour <i>1600</i>	P.M.	<i>32</i>	
				6. Remarks <i>FLU</i>			
				7. Employee's Signature <i>[Signature]</i>		8. Date (Month, Day, Year) <i>2-5-01</i>	

OFFICIAL ACTION ON APPLICATION		Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>		Date (Month, Day, Year) <i>2-6-01</i>	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				

NSN 7540-00-753-5067

DISABILITY CERTIFICATE**MICHAEL J. INADA, M.D.**

98-1079 Moanalua Road, Suite 440

Aiea, Hawaii 96701

Telephone: (808) 487-5115

Date *2/1/01*

This is to certify that

Sekiya, Linda

has been under my professional care and was:

☒ Totally Incapacitated☐ Partially Incapacitated

from

1/30/01

to

2/2/01

Remarks:

*Return to work 2/5/01*Dr. *[Signature]*

#13101 — Medical Arts Press 1-800-328-2179

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Sample 99G-2, G 2-9

71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>				2. Employee I.D. Number					
3. Organizational Unit <i>DRMO-H1</i>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	<i>2</i>	<i>16</i>	<i>0730</i>	P.M.	Total Number of Hours
				4-B	Month	Day	Hour	A.M.	
				TO:	<i>2</i>	<i>16</i>	<i>1600</i>	P.M.	<i>8</i>
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks <i>DR'S ORDERS</i>					
				7. Employee's Signature <i>[Signature]</i>					8. Date (Month, Day, Year) <i>2-20-01</i>
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
								Date (Month, Day, Year) <i>2/20/01</i>	

NSN 7540-00-753-5067

RETURN TO WORK OR SCHOOL

DR. MICHAEL K. Y. CHUN

Aiea Medical Building

99-128 Aiea Heights Dr., Ste. 502

Aiea, HI 96701

Telephone: (808) 488-8101

Date *2.15.01*

This is to certify that

Linda Sekiya

has been under my care for the following:

*Foot Condition*and is able to return to work on *Feb. 20, 2001*

Remarks:

[Signature]
(SIGNATURE)

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Suppl. 990-2, 5 2-9

APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number					
3. Organizational Unit DRMO-H				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	2	21	1130		Total Number of Hours
				4-B	Month	Day	Hour	P.M.	
				TO:	2	21	1600		4
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other (Specify)				6. Remarks HEADACHE				7. Employee's Signature [Signature]	
								8. Date (Month, Day, Year) 2-21-01	
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) Godfrey Ching				Date (Month, Day, Year) 2-21-01	

NSN 7540-00-763-5067

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Suppl. 990-2, 5 2-9

APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number					
3. Organizational Unit DRMO-H				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	2	21	1400		Total Number of Hours
				4-B	Month	Day	Hour	P.M.	
				TO:	2	21	1600		2
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other (Specify)				6. Remarks				7. Employee's Signature [Signature]	
								8. Date (Month, Day, Year) 2-20-01	
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) Godfrey Ching				Date (Month, Day, Year) 2/20/01	

NSN 7540-00-763-5067

Murashige, Sandra

From: Domdoma, Edwin
Sent: Thursday, March 01, 2001 6:40 PM
To: Murashige, Sandra
Subject: FW: Time and Attendance

-----Original Message-----

From: Saki, Shirley
Sent: Thursday, March 01, 2001 2:31 PM
To: Ching, Godfrey
Subject: Time and Attendance

Just a reminder: Sick Leave (SF 71) still outstanding for Custy on 2/22, 2/23, 2/26, and 2/27, including doctor's note. Then on 2/28, what time did she report for work?

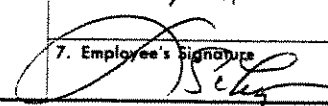
Shirley

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Suppl. 990-2, 5 2-9

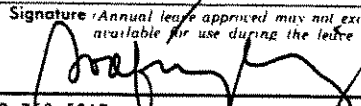
71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <u>SEKIYA, L</u>				2. Employee I.D. Number			
3. Organizational Unit <u>DEMO-HI</u>				4-A FROM: Month <u>2</u> Day <u>22</u> Hour <u>0730</u>	A.M.	4-C Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				4-B TO: Month <u>2</u> Day <u>23</u> Hour <u>1600</u>	P.M.	<u>16</u>	
				6. Remarks <u>FLU</u>			
				7. Employee's Signature 		8. Date (Month, Day, Year) <u>2-28-01</u>	

OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.) 	Date (Month, Day, Year) <u>2-28-01</u>
--	---	--	---

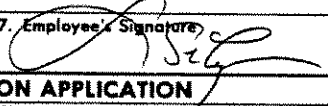
NSN 7540-00-753-5067

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Suppl. 990-2, 5 2-9

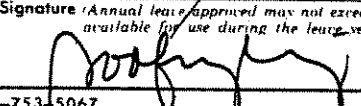
71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <u>SEKIYA, L</u>				2. Employee I.D. Number			
3. Organizational Unit <u>DEMO-HI</u>				4-A FROM: Month <u>2</u> Day <u>26</u> Hour <u>0730</u>	A.M.	4-C Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				4-B TO: Month <u>2</u> Day <u>28</u> Hour <u>0915</u>	A.M.	<u>17.45</u>	
				6. Remarks <u>FLU</u>			
				7. Employee's Signature 		8. Date (Month, Day, Year) <u>2-28-01</u>	

OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.) 	Date (Month, Day, Year) <u>3-1-01</u>
--	---	--	--

NSN 7540-00-753-5067

DISABILITY CERTIFICATE

MICHAEL J. INADA, M.D.
98-1079 Moanalua Road, Suite 440
Aiea, Hawaii 96701

Telephone: (808) 487-5115

Date 2/26/01This is to certify that Sekiya, Linda

has been under my professional care and was:

☒ Totally Incapacitated ☐ Partially Incapacitated
 from 2/21/01 to 2/27/01

Remarks: _____

Dr. 

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
OW Supply 990-2, 6 2-9

71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number			
3. Organizational Unit DRMO-H1				4-A FROM: Month 3 Day 19 Hour 0730	A.M.	4-C Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				4-B TO: Month 3 Day 19 Hour 0915	A.M. P.M.	1.45	
				6. Remarks DR. APPY			
				7. Employee's Signature <i>[Signature]</i>		8. Date (Month, Day, Year) 3-16-01	
OFFICIAL ACTION ON APPLICATION							
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>		Date (Month, Day, Year) 3-19-01	

NSN 7540-00-758-5067

RETURN TO WORK OR SCHOOL**DR. MICHAEL K. Y. CHUN**

Aiea Medical Building
99-128 Aiea Heights Dr., Ste. 502
Aiea, HI 96701
Telephone: (808) 488-8101

Date 3/19/01

This is to certify that

Linda D. Sekiya

has been under my care for the following:

Frost Condition

and is able to return to work on school on _____

Remarks: _____

[Signature]
(SIGNATURE)

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
PPM Suppl. 990-2, 6 2-9

APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <u>SEKIYA, L.</u>				2. Employee I.D. Number			
3. Organizational Unit <u>DRMO-HI</u>				4-A FROM: Month <u>3</u> Day <u>23</u>	Hour <u>0730</u>	A.M. P.M.	4-C Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				4-B TO: Month <u>3</u> Day <u>23</u>	Hour <u>1600</u>	A.M. P.M.	<u>8</u>
<input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks			8. Date (Month, Day, Year) <u>3/26/01</u>
7. Employee's Signature <u>[Signature]</u>							
OFFICIAL ACTION ON APPLICATION							
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)			
Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <u>[Signature]</u>				Date (Month, Day, Year) <u>3/26/01</u>			

NSN 7540-00-753-5067

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
PPM Suppl. 990-2, 6 2-9

APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <u>SEKIYA, L.</u>				2. Employee I.D. Number			
3. Organizational Unit <u>DRMO-HI</u>				4-A FROM: Month <u>3</u> Day <u>27</u>	Hour <u>0730</u>	A.M. P.M.	4-C Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				4-B TO: Month <u>3</u> Day <u>30</u>	Hour <u>1600</u>	A.M. P.M.	<u>32</u>
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks <u>FLA</u>			8. Date (Month, Day, Year) <u>4-2-01</u>
7. Employee's Signature <u>[Signature]</u>							
OFFICIAL ACTION ON APPLICATION							
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)			
Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <u>[Signature]</u>				Date (Month, Day, Year) <u>4-2-01</u>			

NSN 7540-00-753-5067

Certificate to return to work

Name Linda Sekiya

Has been under my care from 3/21/01 to 4/2/01

and is able to return to work on 4/2/01

Nature of illness or injury Influenza

☐ restrictions ☐ no restrictions

comments [Signature]

Dr. Lloyd T. Kobayashi M.D. Phone 488-7747

Address 98-1079 Moanalua Rd., #450
Aiea, HI 96701 Date 3/21/01

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Suppl. 990-2, 5 2-9

71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L</i>				2. Employee I.D. Number						
3. Organizational Unit <i>DRMO-H1</i>				4-A	Month	Day	Hour	A.M.	4-C	
				FROM:	<i>4</i>	<i>9</i>	<i>0730</i>		Total Number	
				4-B	Month	Day	Hour	A.M.	of Hours	
				TO:	<i>4</i>	<i>9</i>	<i>1600</i>	P.M.	<i>8</i>	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks <i>HEADACHE</i>						
				7. Employee's Signature <i>[Signature]</i>					8. Date (Month, Day, Year) <i>4/12/01</i>	
OFFICIAL ACTION ON APPLICATION										
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>		Date (Month, Day, Year)

NSN 7540-00-753-5067

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Suppl. 990-2, 5 2-9

71-112

APPLICATION FOR LEAVE

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L</i>				2. Employee I.D. Number						
3. Organizational Unit <i>DRMO-H1</i>				4-A	Month	Day	Hour	A.M.	4-C	
				FROM:	<i>4</i>	<i>24</i>	<i>0730</i>		Total Number	
				4-B	Month	Day	Hour	A.M.	of Hours	
				TO:	<i>4</i>	<i>27</i>	<i>1600</i>	P.M.	<i>32</i>	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks <i>FLU</i>						
				7. Employee's Signature <i>[Signature]</i>					8. Date (Month, Day, Year) <i>4-30-01</i>	
OFFICIAL ACTION ON APPLICATION										
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>		Date (Month, Day, Year) <i>4-30-01</i>

NSN 7540-00-753-5067

DISABILITY CERTIFICATE

MICHAEL J. INADA, M.D.
98-1079 Moanalua Road, Suite 440
Aiea, HI 96701
Telephone: (808) 487-5115Date *4/24/01*This is to certify that *Sekiya, Linda*

has been under my professional care and was:

☒ Totally Incapacitated☐ Partially Incapacitatedfrom *4/24/01* to *4/27/01*

Remarks:

Dr. *[Signature]*

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Suppl. 990-2, 6 2-9

71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>				2. Employee I.D. Number					
3. Organizational Unit <i>DRMO-H1</i>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	<i>5</i>	<i>10</i>	<i>1500</i>	P.M.	Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO:	<i>5</i>	<i>10</i>	<i>1600</i>	P.M.	<i>1</i>
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks <i>HEADACHE</i>					
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature <i>[Signature]</i>					
<input type="checkbox"/> Compensatory Time.				8. Date (Month, Day, Year) <i>5/10/01</i>					
<input type="checkbox"/> Other. (Specify)									
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
								Date (Month, Day, Year) <i>5-10-01</i>	

NSN 7540-00-753-5067

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Suppl. 990-2, 6 2-9

71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>				2. Employee I.D. Number					
3. Organizational Unit <i>DRMO-H1</i>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	<i>5</i>	<i>11</i>	<i>0730</i>	P.M.	Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO:	<i>5</i>	<i>11</i>	<i>1600</i>	P.M.	<i>8</i>
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks <i>HEADACHE</i>					
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature <i>[Signature]</i>					
<input type="checkbox"/> Compensatory Time.				8. Date (Month, Day, Year) <i>5-17-01</i>					
<input type="checkbox"/> Other. (Specify)									
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
								Date (Month, Day, Year) <i>5/17/01</i>	

NSN 7540-00-753-5067

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Suppl. 990-2, 6 2-9

71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>				2. Employee I.D. Number					
3. Organizational Unit <i>DRMO-H1</i>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	<i>5</i>	<i>17</i>	<i>1500</i>	P.M.	Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO:	<i>5</i>	<i>17</i>	<i>1600</i>	P.M.	<i>1</i>
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks <i>DR. APPT</i>					
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature <i>[Signature]</i>					
<input type="checkbox"/> Compensatory Time.				8. Date (Month, Day, Year) <i>5-16-01</i>					
<input type="checkbox"/> Other. (Specify)									
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
								Date (Month, Day, Year) <i>5/17/01</i>	

NSN 7540-00-753-5067

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APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number			
3. Organizational Unit DRMO-HI				4-A FROM: Month 5 Day 21 Hour 1500	A.M.	4-C Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				4-B TO: Month 5 Day 21 Hour 1600	P.M.	1	
<input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks APP'7		7. Employee's Signature 	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) 		8. Date (Month, Day, Year) 5-21-01	

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APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number			
3. Organizational Unit DRMO-HI				4-A FROM: Month 5 Day 24 Hour 1300	A.M.	4-C Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				4-B TO: Month 5 Day 24 Hour 1600	P.M.	3	
<input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks APP'7		7. Employee's Signature 	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) 		8. Date (Month, Day, Year) 5-21-01	

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APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number			
3. Organizational Unit DRMO-HI				4-A FROM: Month 5 Day 25 Hour 1500	A.M.	4-C Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				4-B TO: Month 5 Day 25 Hour 1600	P.M.	2 17	
<input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks HEADACHE		7. Employee's Signature 	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) 		8. Date (Month, Day, Year) 5-25-01	

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71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <u>SEKIYA, L</u>				2. Employee I.D. Number			
3. Organizational Unit <u>DRMO-H</u>				4-A FROM: Month <u>6</u> Day <u>1</u> Hour <u>1130</u> A.M.	4-C Total Number of Hours		
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				4-B TO: Month <u>6</u> Day <u>1</u> Hour <u>1600</u> A.M.	4-D P.M.		
6. Remarks				7. Employee's Signature 			
				8. Date (Month, Day, Year) <u>6-1-01</u>			
OFFICIAL ACTION ON APPLICATION							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year) 			
				Date (Month, Day, Year) <u>6/1/01</u>			

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71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <u>SEKIYA, L</u>				2. Employee I.D. Number			
3. Organizational Unit <u>DRMO-H</u>				4-A FROM: Month <u>6</u> Day <u>4</u> Hour <u>0730</u> A.M.	4-C Total Number of Hours		
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				4-B TO: Month <u>6</u> Day <u>4</u> Hour <u>0945</u> A.M.	4-D P.M.		
6. Remarks <u>DR APPT</u>				7. Employee's Signature 			
				8. Date (Month, Day, Year) <u>6-4-01</u>			
OFFICIAL ACTION ON APPLICATION							
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year) 			
				Date (Month, Day, Year) <u>6-6-01</u>			

NSN 7540-00-53-5067

RAMAKRISHNA R. KOSURI, M.D.
PARTNER ORTHOPEDIC REHABILITATION INCORPORATED
615 PIKOI STREET, SUITE 1210
HONOLULU, HAWAII 96814
PHONE: (808) 596-7300

NAME Sekiya, Linda AGE _____
ADDRESS _____ DATE 06-04-01

Rx She is under my care for chronic Rt foot pain due to plantar fasciitis. She is making progress, she needs to continue some more physical therapy sessions using night splint/heel cup.

☐ LABEL
REFILL _____ TIMES

DEA NO: BK 4697477 MD M.D.

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APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L</i>				2. Employee I.D. Number			
3. Organizational Unit <i>DRMO-H/</i>				4-A FROM: Month <i>6</i> Day <i>13</i> Hour <i>0730</i>	A.M.	4-C Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other (Specify)				4-B TO: Month <i>6</i> Day <i>13</i> Hour <i>1045</i>	P.M.	A.M.	<i>3.15</i>
6. Remarks <i>HEADACHE</i>							
7. Employee's Signature <i>[Signature]</i>						8. Date (Month, Day, Year) <i>6-13-01</i>	

OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	Date (Month, Day, Year) <i>6/14/01</i>
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APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>				2. Employee I.D. Number			
3. Organizational Unit <i>DRMO-H/</i>				4-A FROM: Month <i>6</i> Day <i>14</i> Hour <i>0730</i>	A.M.	4-C Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other (Specify)				4-B TO: Month <i>6</i> Day <i>14</i> Hour <i>1015</i>	P.M.	A.M.	<i>2.45</i>
6. Remarks <i>HEADACHE</i>							
7. Employee's Signature <i>[Signature]</i>						8. Date (Month, Day, Year) <i>6-14-01</i>	

OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	Date (Month, Day, Year) <i>6/15/01</i>
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APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L</i>				2. Employee I.D. Number			
3. Organizational Unit <i>DRMO-H/</i>				4-A FROM: Month <i>7</i> Day <i>12</i> Hour <i>0730</i>	A.M.	4-C Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other (Specify)				4-B TO: Month <i>7</i> Day <i>12</i> Hour <i>1600</i>	P.M.	A.M.	<i>8</i>
6. Remarks <i>HEADACHE</i>							
7. Employee's Signature <i>[Signature]</i>						8. Date (Month, Day, Year) <i>7-13-01</i>	

OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	Date (Month, Day, Year) <i>7/13/01</i>
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71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <u>SEKIYA, L.</u>				2. Employee I.D. Number			
3. Organizational Unit <u>DRMO-H1</u>				4-A FROM: Month <u>7</u> Day <u>5</u> Hour <u>0730</u>	A.M.	4-C Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				4-B TO: Month <u>7</u> Day <u>5</u> Hour <u>1000</u>	A.M.	<u>2.5</u>	
				6. Remarks <u>DR. ADD'T</u>			
				7. Employee's Signature <u>[Signature]</u>			
				8. Date (Month, Day, Year) <u>7-5-01</u>			

OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <u>[Signature]</u>	Date (Month, Day, Year) <u>07-5-01</u>
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NSN 7540-00-753-5067

MEDICAL CERTIFICATE

Patient's Name: SEKIYA, Linda

Off work from: _____ to _____

Return to Light Duty: _____ to _____

Limited to _____ hours per day for _____ weeks.

with the following restrictions: RAMAKRISHNA R. KOSURI, M.D.
615 PIKOI STREET, #1210
HONOLULU, HI 96814
(808) 596-7300

_____ No Excessive Bending _____

_____ No Prolonged Standing _____

_____ No Lifting or Carrying over _____ pounds.

Other: She is seen in clinic this AM.
RT heel pain is improving.

DX: Chronic RT plantar fasciitis

Date 07-05-01 Signed Rama Kosuri MD

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71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <u>SEKIYA, L.</u>				2. Employee I.D. Number			
3. Organizational Unit <u>DRMO-H1</u>				4-A FROM: Month <u>7</u> Day <u>13</u> Hour <u>0730</u>	A.M.	4-C Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				4-B TO: Month <u>7</u> Day <u>13</u> Hour <u>0830</u>	A.M.	<u>.75</u>	
				6. Remarks <u>HEADACHE</u>			
				7. Employee's Signature <u>[Signature]</u>			
				8. Date (Month, Day, Year) <u>7-13-01</u>			

OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <u>[Signature]</u>	Date (Month, Day, Year) <u>7/13/01</u>
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71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L</i>				2. Employee I.D. Number						
3. Organizational Unit <i>DRMO-HI</i>				4-A	Month	Day	Hour	A.M.	4-C	
				FROM:	<i>7</i>	<i>13</i>	<i>1130</i>	<i>P.M.</i>	Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				4-B	Month	Day	Hour	A.M.		
				TO:	<i>7</i>	<i>13</i>	<i>1600</i>	<i>P.M.</i>	<i>4</i>	
<input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks <i>RELATIVE FM MAINLAND</i>						
				7. Employee's Signature <i>[Signature]</i>					8. Date (Month, Day, Year) <i>7-12-01</i>	
OFFICIAL ACTION ON APPLICATION										
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>		Date (Month, Day, Year) <i>7/12/01</i>

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71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L</i>				2. Employee I.D. Number						
3. Organizational Unit <i>DRMO-HI</i>				4-A	Month	Day	Hour	A.M.	4-C	
				FROM:	<i>7</i>	<i>17</i>	<i>0730</i>	<i>P.M.</i>	Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				4-B	Month	Day	Hour	A.M.		
				TO:	<i>7</i>	<i>17</i>	<i>0930</i>	<i>P.M.</i>	<i>2</i>	
<input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks <i>PERSONAL EMERGENCY</i>						
				7. Employee's Signature <i>[Signature]</i>					8. Date (Month, Day, Year) <i>7-17-01</i>	
OFFICIAL ACTION ON APPLICATION										
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>		Date (Month, Day, Year) <i>7/19/01</i>

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71-112

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L</i>				2. Employee I.D. Number						
3. Organizational Unit <i>DRMO-HI</i>				4-A	Month	Day	Hour	A.M.	4-C	
				FROM:	<i>7</i>	<i>23</i>	<i>0730</i>	<i>P.M.</i>	Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				4-B	Month	Day	Hour	A.M.		
				TO:	<i>7</i>	<i>23</i>	<i>1600</i>	<i>P.M.</i>	<i>8</i>	
<input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks <i>TRAINING</i>						
				7. Employee's Signature <i>[Signature]</i>					8. Date (Month, Day, Year) <i>7-20-01</i>	
OFFICIAL ACTION ON APPLICATION										
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>		Date (Month, Day, Year) <i>7-20-01</i>

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APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number					
3. Organizational Unit DRMO-HI				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	7	24	0730		Total Number
				4-B	Month	Day	Hour	A.M.	of Hours
				TO:	7	24	1000		2.5
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks HEADACHE				7. Employee's Signature 	
								8. Date (Month, Day, Year) 1/25/01	
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) 	
								Date (Month, Day, Year) 1/25/01	

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APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number					
3. Organizational Unit DRMO-HI				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	7	27	0730		Total Number
				4-B	Month	Day	Hour	A.M.	of Hours
				TO:	7	27	1600		8
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks HEADACHE				7. Employee's Signature 	
								8. Date (Month, Day, Year) 1-30-01	
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) 	
								Date (Month, Day, Year) 8/20/01	

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APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number					
3. Organizational Unit DRMO-HI				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	8	7	0730		Total Number
				4-B	Month	Day	Hour	A.M.	of Hours
				TO:	8	7	1600		8
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks: <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks				7. Employee's Signature 	
								8. Date (Month, Day, Year) 8-8-01	
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) 	
								Date (Month, Day, Year) 8-9-01	

NSN 7540-00-753-5067

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Suppl. 990-2, § 2-9

APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number					
3. Organizational Unit DRMO-HI				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	8	13	0730		Total Number of Hours
				4-B	Month	Day	Hour	P.M.	
				TO:	8	13	1600		8
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks				7. Employee's Signature <i>[Signature]</i>	
								8. Date (Month/Day/Year) 6-28-01	
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
								Date (Month/Day/Year) 6/29/01	
NSN 7540-00-553-5067									

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Suppl. 990-2, § 2-9

APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number					
3. Organizational Unit DRMO-HI				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	8	14	0730		Total Number of Hours
				4-B	Month	Day	Hour	P.M.	
				TO:	8	17	1600		32
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks STOMACH FLU				7. Employee's Signature <i>[Signature]</i>	
								8. Date (Month/Day/Year) 8/20/01	
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
								Date (Month/Day/Year) 8/20/01	
NSN 7540-00-753-5067									

DISABILITY CERTIFICATE

MICHAEL J. INADA, M.D.
98-1079 Moanalua Road, Suite 440
Aiea, HI 96701

Telephone: (808) 487-5115

This is to certify that

*Sekiya, L.*Date **8/15/01**

has been under my professional care and was:

☒ Totally Incapacitated☐ Partially Incapacitated

from

8/14/01

to

8/17/01

Remarks:

Dx: gastroenteritisDr. *[Signature]*

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OFFICE OF PERSONNEL MANAGEMENT
FPM Supple. 990-2, 6 2-9

APPLICATION FOR LEAVE

71-111

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKUYA, L.</i>				2. Employee I.D. Number					
3. Organizational Unit <i>DRMO-HH</i>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	9	10	1300	P.M.	Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO:	9	10	1600	P.M.	3
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks <i>DR APPT</i>					
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature <i>[Signature]</i>					
<input type="checkbox"/> Compensatory Time.				8. Date (Month, Day, Year) <i>9-10-0</i>					
<input type="checkbox"/> Other. (Specify)									
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
								Date (Month, Day, Year) <i>9-10-0</i>	

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FPM Supple. 990-2, 6 2-9

APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKUYA, L.</i>				2. Employee I.D. Number					
3. Organizational Unit <i>DRMO-HH</i>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	9	11	0730	P.M.	Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO:	9	26	1000	P.M.	90.5
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks <i>SICK</i>					
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature <i>[Signature]</i>					
<input type="checkbox"/> Compensatory Time.				8. Date (Month, Day, Year) <i>9-26-0</i>					
<input type="checkbox"/> Other. (Specify)									
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
								Date (Month, Day, Year)	

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APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKUYA, L.</i>				2. Employee I.D. Number					
3. Organizational Unit <i>DRMO-HH</i>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	9	26	1500	P.M.	Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO:	9	26	1600	P.M.	1
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks <i>SICK</i>					
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature <i>[Signature]</i>					
<input type="checkbox"/> Compensatory Time.				8. Date (Month, Day, Year) <i>9-26-01</i>					
<input type="checkbox"/> Other. (Specify)									
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>	
								Date (Month, Day, Year)	

NSN 7540-00-753-5067

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 (Revised 3/79)
 OFFICE OF PERSONNEL MANAGEMENT
 FPM Supple. 990-2, 6 2-9

APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.				2. Employee I.D. Number			
3. Organizational Unit DAMO-HI				4-A FROM: Month 9 Day 27 Hour 0730 A.M.	4-C Total Number of Hours		
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other (Specify)				4-B TO: Month 9 Day 28 Hour 1600 A.M.	P.M.		
				6. Remarks SICK			
				7. Employee's Signature <i>[Signature]</i>			
				8. Date Month/Day/Year 9/26/01			
OFFICIAL ACTION ON APPLICATION							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>[Signature]</i>			
				Date Month/Day/Year 9/26/01			

NSN 7540-00-758-5067

Imprint

Linda Sekiya

Straub
 CLINIC & HOSPITAL

888 South King Street • Honolulu, Hawaii 96813

Medical Certificate

This is to certify that the above patient ☒ is ☐ has been under my professional care and
☒ was unable to perform his/her usual duties from **9/10/01** to **9/30/01**
☒ may return to work/school on **10/1/01**
☐ may continue to work/in school until _____

Remarks:

Anxiety & Depression

9/10/01
 Current Date

73025 (01/00/95)

[Signature] M.D.
 Physician

OFFICE OF THE CLERK

609 8846610

1-755 P.005/005 F-426

MICHAEL J. INADA, M.D.

98-1079 Moanalua Road, Suite 440
Aiea, Hawaii 96701

Telephone: (808) 487-5115

Fax: (808) 488-8266

July 26, 2001

To: 'Whom It May Concern

Re: Linda D. Sekiya

Dear Sirs,

Mrs. Sekiya has asked me to comment on her health, since it has been noted that she has had several episodes of illness within a relatively short time span. I have seen her for upper respiratory illness, gastrointestinal problems and tension headache. I would also note that she has been under the care of appropriate specialists for ear and eye problems.

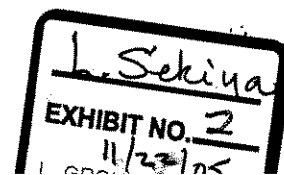
In general, she is in satisfactory health. I do not anticipate any deterioration in her health or prolonged disability. She continues to be able to work without restriction. I do not have any recommendations for treatment at this time.

Please call me if there are any questions.

Sincerely,



Michael Inada, M.D.



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(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM, Suppl. PWD-2, 6 2-9

APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <u>SEKIYA, L.</u>				2. Employee I.D. Number					
3. Organizational Unit <u>DRMO-HI</u>				4-A	Month	Day	Hour	A.M.	4-C
				FROM:	<u>7</u>	<u>5</u>	<u>0730</u>		Total Number
				4-B	Month	Day	Hour	A.M.	of Hours
				TO:	<u>7</u>	<u>5</u>	<u>1000</u>		<u>2.5</u>
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				6. Remarks <u>DR. ADD'7</u>					
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)									
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				7. Employee's Signature <u>[Signature]</u>					
<input type="checkbox"/> Leave Without Pay.				8. Date (Month, Day, Year) <u>7-5-01</u>					
<input type="checkbox"/> Compensatory Time.									
<input type="checkbox"/> Other. (Specify)									
OFFICIAL ACTION ON APPLICATION									
<input checked="" type="checkbox"/> Approved				<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <u>[Signature]</u>	
								Date (Month, Day, Year) <u>07-5-01</u>	

NSN 7540-00-753-5067

MEDICAL CERTIFICATE

* Patient's Name: SEKIYA, Linda

Off work from: _____ to _____

Return to Light Duty: _____ to _____

Limited to _____ hours per day for _____ weeks.

with the following restrictions:

_____ No Excessive Bending _____

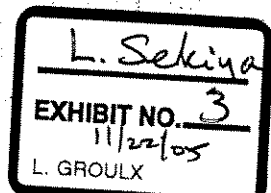
_____ No Prolonged Standing _____

_____ No Lifting or Carrying over _____ pounds.

Other: She is seen in clinic this AM.
Rt heel pain is improving.

DX: Chronic Rt Plantar fasciitis

Date 07-05-01 Signed Rama Kosuri



MEDICAL CERTIFICATE

Patient's Name: Sekiya, Linda
Off work from: 8/11/01 to 8/12/01
Return to Light Duty: _____ to _____
Limited to _____ hours per day for _____ weeks.

with the following restrictions:

RAJAKRISHNA R. KOSURI, M.D.
615 PIKOA STREET, #1210
HONOLULU, HI 96814
(808) 596-7300

_____ No Excessive Bending _____
_____ No Prolonged Standing _____
_____ No Lifting or Carrying over _____ pounds.
_____ Other: She is advise not to walking more than 20-30
minutes without rest break and avoid climbing ladder.
Her progress is fair. She is making progress.
DX: Chronic Rt plantar fasciitis

Date 08-11-01 Signed Rama Kosuri
MD

